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APPLICANTS

Dr. James L. Cox, St. Louis, MO;
Stephen W. Boyd, San Mateo, CA;

** CONTINUING DATA *****

This application is a CON of 08/943,683 10/15/1997 PAT 6,161,543
which is a CIP of 08/735,036 10/22/1996 ABN
which is a CIP of 08/425,179 04/20/1995 PAT 5,797,960

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 08/24/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MO	SHEETS DRAWING 36	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

JENS E. HOEKENDIJK
HOEKENDIJK & LYNCH, LLP
P.O. BOX 4787
BURLINGAME, CA 94011-4787

TITLE

SURGICAL SYSTEM AND PROCEDURE FOR TREATMENT OF MEDICALLY REFRACTORY ATRIAL FIBRILLATION

FILING FEE RECEIVED 388	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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